DOCUMENT RESUME

ED 479 356 CG 032 521

TITLE	Promotion, Prevention and Early Intervention for Mental Health: National Consultation.
ISBN	ISBN-0-9577915-8-5
PUB DATE	2003-00-00
NOTE	51p.; Produced by the Australian Network for Promotion, Prevention and Early Intervention for Mental Health.
AVAILABLE FROM	Auseinet, C/- CAMHS, Flinders Medical Centre, Bedford Park, South Australia, 5042 (ISBN-0-9577915-8-5). E-mail: auseinet@flinders.edu.au; Web site: http://www.auseinet.com.
PUB TYPE	Reports - Evaluative (142)
EDRS PRICE	EDRS Price MF01/PC03 Plus Postage.
DESCRIPTORS	*Consultants; Early Intervention; *Feedback; Foreign Countries; *Mental Health; Models; Prevention; Program Effectiveness; Program Implementation; *Resource Materials
IDENTIFIERS	*Australia

ABSTRACT

This report provides a description of a national consultation that was undertaken in 2001-2002 to provide feedback on two companion national policy documents: "National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000" and "Promotion, Prevention and Early Intervention for Mental Health: A Monograph," and to examine progress in promotion, prevention and early intervention (PPEI) for mental health. The report describes both the consultation model utilized and the feedback generated by the consultation. There was overall support for the PPEI documents, and the structure and content of Action Plan 2000 was reported to be user-friendly and accessible. Although less accessible to the majority of people, Monograph 2000 was a valuable background and reference document. The documents were currently being implemented widely in a variety of contexts, including child and adolescent services, life promotion, health promotion, government policy, and suicide prevention service planning. Despite the overwhelmingly positive feedback regarding Action Plan 2000 and Monograph 2000, there was a clear need for information to be presented in other formats that were accessible to a wider audience. The consultation strategy was effective in achieving the following outcomes: raised awareness; generated useful feedback on the documents; enhanced ownership at the local level; strengthened existing networks and partnerships and thereby enhancing capacity for implementation; and identified key issues for implementation. (GCP)

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Promotion, Prevention and Early Intervention for Mental Health

National Consultation

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Auseinet

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University of Canberra

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Promotion, Prevention and Early Intervention for Mental Health

National Consultation

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ISBN 0 9577915 8 5

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Auseinet is funded by the Commonwealth Department of Health and Ageing under the National Mental Health Strategy and the National Suicide Prevention Strategy and is supported by Flinders University of South Australia. Auseinet supports a national network of people, in a wide variety of settings, to access knowledge and stimulate discussion on issues relating to promotion, prevention and early intervention for mental health and suicide prevention across the lifespan.

The opinions expressed herein are those of the authors and not necessarily those of the Commonwealth Department of Health and Ageing.

A copy of this report can be downloaded from the Auseinet website: www.auseinet.com

Cover design by Image and Substance Pty Ltd.

Suggested citation:

Parham, J & Rickwood, D (2003). Promotion, Prevention & Early Intervention for Mental Health: National Consultation. Adelaide: The Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet).

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Contents

Acknowledgements iv

Foreword v

Executive summary vii

1. Introduction 1

1.1 Background 1
1.2 The PPEI documents 1
1.3 Overview of the report 3

2. The national consultation 4

2.1 Aims 4
2.2 Consultation process 4

3. Consultation Forums 6

3.1 A capacity building approach 6
3.2 Overview of the National Forums in each state and territory 9
3.3 Common elements 17
3.4 Outcomes 18

4. Feedback on the PPEI documents 20

4.1 Feedback workshops 20
4.2 Feedback 20

5. Implementation of PPEI: Issues and ways forward 26

5.1 Resources/infrastructure 26
5.2 Translating policy into practice 28
5.3 Roles and responsibility 28
5.4 Building capacity – education and training 29
5.5 Cultural issues 30

6. Conclusion 31

6.1 Summary 31
6.2 Learnings 31
6.3 Future directions 33

References 34

Appendix 1: Self-report Questionnaire 35
Appendix 2: Feedback proforma 38

Acknowledgements

Auseinet would like to acknowledge the support and collaboration of all the states and territories in undertaking this consultation as a partnership and in particular, the key coordinators in each jurisdiction.

Kym Scanlon	Centre for Mental Health, New South Wales Department of Health
Jenny Smith	Mental Health Branch, Department of Human Services, Victoria
Nikki Bushell	Mental Health Unit, Queensland Health
Trish Sullivan	Western Australia Department of Health
Adrian Booth	Health Promotion SA, Department of Human Services, South Australia
Victoria Rigney	Department of Health and Human Services, Tasmania
Susan Helyar	Department of Health and Corrective Services, Australian Capital Territory
Cheryl Furner	Department of Health and Community Services, Northern Territory

We would also like to thank the National Promotion and Prevention Working Party members for their contributions to the consultation process and the final report and for the ongoing support provided by Kerry Webber and staff of the Mental Health and Suicide Prevention Branch of the Commonwealth Department of Health and Ageing.

Thanks are also extended to all who contributed to the development and implementation of the forums in each jurisdiction.

Special thanks to the Auseinet team for their support and contributions, in particular:

Anne O'Hanlon for assistance with editing, design, layout and proof reading.

Abbie Patterson for assistance with design and layout.

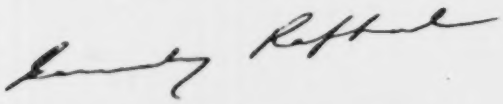
Jill Knappstein for assistance with word processing and production of the final report.

Directions for PPEI and Mental Health

This excellent consultation and report has both heightened awareness of the National Action Plan for Promotion, Prevention and Early Intervention in mental health, and explored implementation of this strategic area across Australia and in all states. It has clarified barriers, including lack of knowledge of what to do, the need for practical 'how to' guidelines and the uncertainties of mental health service providers about engagement in this field. However, it has even more importantly explored and reported on effective strategies to progress mental health promotion, prevention and early intervention, including partnerships with public health and other key sectors; capacity building including infrastructure support, and education and training of workers; leadership at state and national levels to facilitate implementation; and the need for information to support different sectors and facilitate implementation, for instance through the Auseinet website and related strategies.

The consultation reported strong support for continuation and further development of this field, commitment at policy level, provision of services, and practical and effective actions for implementation. Partnerships, strategies, support, dissemination and commitment were identified as key aspects.

This valuable report is rich in its overview of implementation, skillful in its drawing together of themes, and practical in its offerings to assist future development. It is a pleasure to commend this to managers, service providers and workers in its potential to contribute to the future development of this field.



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Chair, National Mental Health Promotion and Prevention Working Party

Executive Summary

This report provides a description of a national consultation that was undertaken in 2001-2002 to provide feedback on two companion national policy documents (Commonwealth Department of Health and Aged Care 2000a; 2000b respectively):

- ***National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000 (Action Plan 2000)***
- ***Promotion, Prevention and Early Intervention for Mental Health: A Monograph (Monograph 2000)***

and to examine progress in promotion, prevention and early intervention (PPEI) for mental health.

These documents were funded by the Commonwealth Department of Health and Ageing and were developed by the National Mental Health Promotion and Prevention Working Party, which exists under the auspices of the Australian Health Minister's Advisory Council National Mental Health Working Group and the National Public Health Partnership.

The report describes both the consultation model utilised and the feedback generated by the consultation.

Aims of the consultation

The National Promotion and Prevention Working Party auspiced a consultation process on the national policy documents in order to:

- raise the profile of the documents and inform and promote the concepts of PPEI for mental health;
- facilitate ownership at the community, provider and funder level; and
- facilitate feedback that would enhance, strengthen and thus increase the utility of the PPEI documents.

More broadly it was hoped that the consultation would also highlight progress so far in implementing the policy framework.

Consultation process

The consultation was undertaken as a partnership between Auseinet (The Australian Network for Promotion, Prevention and Early Intervention for Mental Health), the states and territories, and the consultant writer of the documents, Debra Rickwood. Auseinet was provided with funding to co-ordinate and facilitate the consultation.

There were three levels through which feedback on the PPEI documents could be provided:

- feedback proforma in the back of the PPEI documents;
- postings on a number of national internet sites; and
- national face-to-face forums held in each state and territory.

The National Forums were the primary vehicle for the consultation. They were developed in collaboration with the states and territories, utilising a capacity building approach. The rationale

for using this approach was to assist implementation of a national policy framework at the jurisdictional level through enhancing ownership and overall capacity to implement the *Action Plan 2000*.

The capacity building approach was characterised by engaging each of the jurisdictions to plan and develop their forum structure, taking ownership for determining time, sites, participants and content. This enabled them to utilise existing infrastructure (where it existed) and to take into consideration contextual issues relevant to their particular jurisdiction.

Consultation forums

There were 35 National Forums held across Australia during the period from February 2001 to April 2002 including rural, regional and metropolitan sites. These engaged 1814 participants representing a range of sectors including mental health, health, education, non-government, consumers, carers, welfare, criminal justice, community and academia.

The forums had a standard format that included the following components:

- overview of national initiatives in PPEI;
- overview of state/regional Initiatives in PPEI;
- overview of the documents;
- showcase of local PPEI initiatives; and
- feedback workshop on the PPEI documents.

A feedback workshop was implemented in each of the National Forums to provide specific feedback on the PPEI documents. Most jurisdictions also implemented a priority setting session to develop local plans as part of the forum.

The National Forums were instrumental in raising awareness of the PPEI documents and strategies. Many participants were not aware of the documents before the forums, but afterwards commented that their awareness was raised and they were keen to learn more. There was a strong conviction that the forums were essential in raising awareness of the documents and that without them the documents may have remained 'on the shelf'. The forums assisted the dissemination process. As a result, the consultation acted more as an awareness raising campaign than an evaluation of impact.

Furthermore, the forums acted as a catalyst in assisting each of the jurisdictions to develop and/or consolidate their infrastructure to support PPEI (ie policy, funding, plans), thereby enhancing local ownership and capacity to implement the policy framework.

Feedback on the PPEI documents

There was overall support for the PPEI documents, and the structure and content of *Action Plan 2000* was reported to be user-friendly and accessible. Although less accessible to the majority of people, *Monograph 2000* was a valuable background and reference document.

The documents were currently being implemented widely in a variety of contexts, including child and adolescent services, life promotion, health promotion, government policy, and suicide prevention service planning.

Some areas of the documents were identified as requiring additional depth. More information was requested on people with physical and intellectual disabilities, adverse life events, adults, older adults, families, and the impact of personality disorders and violence.

Despite the overwhelmingly positive feedback regarding *Action Plan 2000* and *Monograph 2000*, there was a clear need for information to be presented in other formats that were accessible to a wider audience. It was evident that another level of documentation was required, namely a simpler, introductory set of products. Suggestions included pamphlets that could be translated into other languages and more visual materials (such as awareness-raising posters and videos). Training packages to support the implementation of PPEI were also urgently required.

There was also a strongly expressed need for documentation on 'how to' implement *Action Plan 2000* at a local level. This would involve guidance for translating the framework to the local level, and access to examples of current initiatives and case studies of what's working. A website, such as that supported by Auseinet, was seen as essential to make the documents truly 'alive' by keeping the information current.

Implementation issues

Overall, there was universal satisfaction that the documents provide an excellent framework for PPEI. However, there were many issues raised with regard to implementation. The key issues raised were:

- lack of direct resource allocation;
- the translation of policy into practice;
- roles and responsibility for implementation;
- education and training - building capacity; and
- contextual issues.

As well as raising issues regarding implementation, forum participants also suggested ways forward. These included:

- continuation and further development of a national website (eg Auseinet) to provide a national conduit of information on PPEI policy, practice and research;
- development of a range of resource materials for different sectors and different audiences;
- development of education and training programs;
- further support to states and territories to consolidate infrastructure and build capacity to progress PPEI; and
- development of a culturally appropriate consultation strategy for Indigenous communities.

Conclusion

The consultation strategy was effective in achieving the following outcomes:

Raised awareness

The National Forums were an excellent vehicle for raising awareness of the documents, as well as national and local PPEI initiatives and activities. The forums also facilitated the dissemination and up-take of the documents. The consultation process highlighted the importance of promotion and marketing when disseminating significant policy documents.

Generated useful feedback on the documents

The forums, in particular, provided useful and helpful feedback on the PPEI documents. The workshop format provided a rich level of feedback and enabled participants to explore implementation issues and to be more specific about priority groups. Feedback questionnaires alone were less effective in providing comprehensive feedback.

Enhanced ownership at the local level

Ownership at the local level was enhanced by utilising a capacity building approach. This enabled the states and territories to use the forums to progress PPEI within their own jurisdictions. The approach allowed flexibility to maximise the outcomes gained for both the jurisdiction and the Commonwealth. This was demonstrated by presentations on state/territory plans and policy, showcasing of local initiatives and workshopping local issues and priorities for PPEI. The forums were not perceived as an end in themselves but rather a step in progressing PPEI.

Strengthened existing networks and partnerships and thereby enhancing capacity for implementation

The development and implementation of the forums led to the development of new partnerships and/or the consolidation of existing ones. This was demonstrated by broad sector participation indicating the willingness to be involved and contribute to PPEI for mental health from a variety of potential partners. It also highlighted the gaps in infrastructure and identified what is required to successfully implement PPEI (ie key drivers, co-ordination mechanisms, resources). Direct outcomes of this process have been relationships built between the states and territories and Auseinet. This facilitates implementation in that support is available in an ongoing way.

Identified key issues for implementation

The forums were effective in identifying implementation issues. The workshop format provided participants with the opportunity to discuss implementation issues in the context of their own jurisdictions. This was helpful in understanding the specific needs of jurisdictions as well as the broader issues common to all. It provides a strong platform for determining ongoing work in this area and addressing the issues identified as being essential for effective implementation.

1. Introduction

1.1 Background

It is now well known that the burden of mental health problems and mental disorders is high and rising. It is estimated that depression alone will constitute one of the greatest health problems worldwide by the year 2020 (Murray & Lopez 1996).

This knowledge poses immediate and serious challenges for governments and policy makers, researchers, service providers, communities, families, and individuals. It is becoming increasingly clear that treatment interventions alone cannot significantly reduce the enormous personal, social and financial burdens associated with mental health problems and mental disorders, and that interventions are required earlier in the development of these conditions. There is a compelling need to make promotion, prevention and early intervention priorities in global, national and regional policy, and to develop a clear plan for progressing activities in these areas.

Promotion, prevention and early intervention (PPEI) comprise a major platform in the *Second National Mental Health Plan* (Australian Health Ministers 1998), and outcomes identified include:

- improved public health strategies to promote mental health;
- reduced incidence and prevalence of mental illness and associated disability (including depression);
- reduced numbers of suicides;
- increased consumer and carer satisfaction with clinicians' responses to early warning signs of mental disorders; and
- improved mental health literacy at all levels.

In response, the National Mental Health Promotion and Prevention Working Party (PPWP), which is auspiced by the Australian Health Ministers' Advisory Council National Mental Health Working Group and the National Public Health Partnership Group, developed a national plan of action for promotion, prevention and early intervention for mental health. The PPWP comprises members or nominees of these auspicing groups as well as representatives of other key stakeholder groups.

1.2 The PPEI documents

Development of the documents

The PPWP developed two documents as major and important directions for PPEI for mental health in Australia (Commonwealth Department of Health and Aged Care 2000a; 2000b respectively):

- *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health* (*Action Plan 2000*); and
- *Promotion, Prevention and Early Intervention for Mental Health – A Monograph* (*Monograph 2000*).

These documents were launched on October 29, 2000. They are collectively referred to throughout this report as 'the PPEI documents'.

Action Plan 2000 supersedes the *Mental Health Promotion and Prevention National Action Plan* released in January 1999 (Commonwealth Department of Health and Aged Care 1999). It incorporates feedback from users of that first document, and expands its content to include early intervention. *Monograph 2000* is a companion document, which sets out the conceptual framework and discusses in more detail a number of issues relevant to the implementation of *Action Plan 2000*.

The PPEI documents recognise that mental health is influenced by risk and protective factors that occur in the many different domains of everyday life. Consequently, effective action to promote mental health, prevent the development of mental health problems, and intervene early in mental disorders requires cooperation, commitment and partnerships that reach well beyond mental health services. Effective action needs to encompass not only the broader health sector, but family and community services, educational institutions, workplaces, correctional services, emergency services, and the sports, arts and business sectors, as well as carers and consumer groups. Indeed, mental health is an issue for the entire community, requires a whole of community response, and delivers benefits for the whole community.

Effective action in this area means people working together within and across sectors and communities to provide quality services, programs and initiatives that involve a wide spectrum of interventions to improve social and emotional wellbeing and reduce mental health problems and mental disorders. This focus does not detract from a commitment to further the understanding and treatment of mental disorders, but complements it by working to alleviate the many factors known to contribute to these disorders, along with strengthening the factors that support mental health.

Purpose of the documents

Action Plan 2000 represents a major and exciting initiative to take forward new directions for improving the mental health outcomes of the Australian population. It provides the policy framework for PPEI. *Action Plan 2000* builds on the convincing and growing body of evidence that these approaches can be effective, and recognises that such initiatives comprise a long-term investment in the personal, social and economic wellbeing of Australian communities. The strategies proposed in *Action Plan 2000* offer opportunities for a nationally coordinated approach and for state/territory leadership. They emphasise the importance of forming partnerships at many levels and recognise the potential for contributions from all groups and sectors within the community. *Monograph 2000* presents the evidence for PPEI across the lifespan, and summarises issues related to the successful adoption of such approaches.

The PPEI documents are intended for the widest possible audience: not only agencies, organisations and governments, but all people, both professional and non-professional, who have the potential to promote mental health across population groups or who may come into contact with people at risk of developing or showing the early signs and symptoms of a mental health problem or mental disorder, as well as all those who are generally interested in the broad concept of mental health. Activities to promote mental health and to prevent and intervene early for mental health problems and mental disorders need to occur across whole populations, within and beyond the mental health sector, with the knowledge that they will result in corresponding gains across our whole society.

Action Plan 2000 is designed as a 'living' document – to be regularly updated in response to consultations with and feedback from users of the plan. *Action Plan 2000* is the result of the last round of consultations and feedback on the first *Action Plan 1999*. Feedback in relation to *Action Plan 2000* will inform the next edition of the *Action Plan*, as well as the broader agenda of the

PPWP and, through it, the Australian Health Ministers' Advisory Council National Mental Health Working Group and the National Public Health Partnership Group.

1.3 Overview of the report

This report documents the process of developing the consultations as well as the outcomes. The report is structured in the following way:

Section 2 provides an overview of the aims and objectives of the consultation and a brief description of the consultation strategies.

Section 3 provides an overview of the consultation National Forums, the primary vehicle for the consultations. This section covers the capacity building approach to the development of the forums, an overview of the process undertaken in each individual state and territory, and draws together common elements.

Section 4 summarises feedback on the PPEI documents. It describes the methods used for obtaining the feedback, particularly the feedback workshops at the National Forums, and summarises the main themes from the feedback.

Section 5 addresses the key issues for implementation that were raised during the consultation process, and proposes ways forward.

Section 6 gives a summary of the learnings from the national consultation and considers directions for the future for PPEI.

2. The National Consultation

2.1 Aims

The PPEI documents were designed to advance promotion, prevention and early intervention within the national mental health agenda. To do this, the documents need to advocate for this approach and be responsive to feedback and developing evidence around the implementation of PPEI in Australia.

A national consultation around the documents and the PPEI approach was undertaken in 2001-2002. The principal aims of the national consultation were to:

- raise the profile of the documents and inform and promote the concepts of PPEI for mental health;
- facilitate ownership at the community, provider and funder level; and
- facilitate feedback that will enhance, strengthen and thus increase the utility of the documents.

2.2 Consultation process

The national consultation process was undertaken as a partnership. The process was coordinated by Auseinet in partnership with Debra Rickwood (the consultant writer of the *Action Plan 2000* and *Monograph 2000*), the PPWP and the states and territories. It was designed to be as open and representative as possible. It was important to engage all stakeholders, including consumers and carers, in all states and territories and to encourage intersectoral participation.

There were three levels through which feedback on the PPEI documents could be provided:

National consultation forums

The main method of gathering feedback was via 35 National Forums that took place in each state and territory and attracted 1814 participants. The forums are described in more detail in Section 3 of this report.

Those who could not attend a forum or who wanted to provide additional comments could also provide feedback via a self-report questionnaire (see Appendix 1). This opportunity was taken up by 21 individuals in the Northern Territory who had attended the National Forums in either Alice Springs or Darwin, but wanted more time to synthesise their comments. Self-report questionnaires were also used in the NSW consultation process.

Feedback proforma

Both *Action Plan 2000* and *Monograph 2000* included a tear-out feedback proforma (see Appendix 2). Users of *Action Plan 2000* and *Monograph 2000* could write their comments on this proforma and return it by mail or fax to Auseinet. Few proformas were returned: *Action Plan* (n=24) and *Monograph* (n=5).

Internet sites

Information about the PPEI documents was posted on several internet sites, including: Commonwealth Mental Health Branch; Auseinet; Australian Infant, Child, Adolescent and Family Mental Health Association (AICAFMHA); Australian Institute of Family Studies (AIFS); Australian Institute of Health and Welfare (AIHW); and the World Health Organisation Mental Health Department. As a result, written comments were received via email from seven people.

3. Consultation Forums

3.1 A capacity building approach

Face-to-face consultation forums in each state and territory were used as the primary strategy for the consultation process. In order to meet the objectives of the national consultation, the development and implementation of the forums utilised a capacity building approach. The type of capacity building used here can be defined as 'building a potentially sustainable infrastructure to support the implementation of PPEI activity at the state and territory level'. Key indicators of sustainable infrastructure that could be considered at a bureaucratic level are:

- departmental and/or government commitment;
- resource allocation;
- policy framework; and
- coordination/implementation mechanisms in place.

While one of the key objectives of the consultation process was to gain feedback on the PPEI documents, it was also important to conduct it in such a way that enhanced ownership, raised awareness and assisted in building capacity to implement the Action Plan, the other objectives of the consultation. A desired outcome of the process was to assist the take-up and implementation of this national policy framework in the states and territories. Hence, the engagement of the states and territories in the process was an essential component to achieving that outcome.

There were three phases to the development and implementation of the forums:

- engagement;
- development of National Forums; and
- implementation.

Phase 1: Engagement

As Auseinet was coordinating the process and utilising a capacity building approach, it was important to understand the contextual issues in each jurisdiction, their current structures and capacity, and to explore how best to use the forums to strengthen existing capacity. Consequently, site visits were made to each jurisdiction to meet with key stakeholders, gain knowledge of existing PPEI policy, resources, structures and funding arrangements and to promote *Action Plan 2000* and *Monograph 2000*. These site visits occurred from June 2002 to October 2002.

The site visits were invaluable for building relationships and understanding the specific needs of each jurisdiction. It was very clear that each jurisdiction was at a different stage of development and had very different capacity levels. Preliminary discussions were held about the forums and a key coordinator was appointed in each jurisdiction, typically the person who had portfolio responsibilities for PPEI.

It is interesting to note that the key drivers of PPEI in each jurisdiction are positioned either in public health (health promotion) or mental health. Whichever sector takes primary responsibility for PPEI, there is a need to forge links between both sectors in order to effectively progress the PPEI agenda.

Phase 2: Development of National Forums

Following site visits, relationships continued to be built with the states and territories through ongoing communication, dialogue, support and development of the National Forums with Auseinet. Each jurisdiction established a small working group/committee of key stakeholders to develop a plan for the forum including a purpose, format, structure, sites and participants. Several key elements, which were agreed to by PPWP, guided the format of the forums. These included:

Overview of national initiatives in PPEI

This was an important component as it positioned PPEI and the PPEI documents within a broader national context. This included an overview of all the Commonwealth funded national PPEI initiatives.

Overview of Action Plan 2000 and Monograph 2000

This component was important in informing participants about the development and background to the PPEI documents and raising their profile and significance.

An overview of state/territory based initiatives in PPEI

This component gave each of the jurisdictions the opportunity to provide participants with an overview of state or territory-based PPEI initiatives and was important in recognising progress at that level. This was designed to facilitate ownership at the state/territory level.

Showcase of local initiatives

This provided opportunity for local PPEI projects, programs and initiatives to be showcased, thereby demonstrating action at the local level.

Feedback workshop on the PPEI documents

This session was devoted to gaining feedback specifically on the PPEI documents. The structure for the feedback workshop is discussed in more detail in Section 4.

In developing the forums, the following issues emerged as important considerations:

- *Timing* - to maximise participation and to coincide with local needs (policy launch, funding announcements, planning processes);
- *Location* - to enable participation from rural and remote and Indigenous communities;
- *Funding* - to support participation of consumers and carers; and
- *Political support* - ability to demonstrate commitment from government for PPEI.

The states and territories were also encouraged to involve as many sectors as possible in the consultation process. Funding was made available to assist with out-of-pocket expenses for consumers and carers.

Some jurisdictions needed additional planning time in order to maximise the gains of the forums. As a result, timeframes needed to be adjusted to allow for the flexibility required of a capacity building approach.

Phase 3: Implementation

All jurisdictions implemented forums in the period April 2001 to April 2002. Thirty five forums were held across Australia, with a total of 1814 participants. Table 1 provides a summary of the locations, dates and number of participants at each of the forums.

New South Wales and Victoria coordinated and managed the National Forums in their respective jurisdictions utilising existing infrastructure. Auseinet's role was to provide briefing and debriefing sessions to the area coordinators. In the remaining jurisdictions, Auseinet facilitated the feedback workshop of the forums and worked collaboratively with the planning committees in managing the process.

Table 1. National Forums

Site	Date	Number of Participants
New South Wales		**555**
NSW launch	23 Feb 2001	35
Northern Rivers (Ballina)	6 Mar 2001	27
Western Sydney (Westmead)	9 Mar 2001	80
New England (Tamworth)	23 Apr 2001	75
Wentworth (Penrith)	30 Apr 2001	80
South Western Sydney (McArthur)	7 May 2001	14
South Western Sydney (Fairfield)	11 May 2001	16
South Western Sydney (Bankstown)	14 May 2001	12
Illawarra (Shellharbour)	14 May 2001	35
Dubbo	23 May 2001	52
South Western Sydney Area	4 Jun 2001	22
Central West (Parkes)	14 Jul 2001	107
Victoria		**363**
Northern Metropolitan	27Nov 2001	30
Grampians (Ballarat)	7 Dec 2001	30
Grampians (Horsham)	10 Dec 2001	35
Eastern Metropolitan	11 Dec 2001	36
Loddon Mallee (Bendigo)	12 Dec 2001)	
Loddon Mallee (Mildura)	13 Dec 2001)	37
Western Metropolitan	14 Dec 2001	35
Hume	23 Jan 2002	42
Barwon (Warrnambool)	13 Feb 2002	45
Southern Metropolitan	13 Feb 2002	32
Gippsland (Lakes Entrance)	14 Feb 2002)	
Gippsland (Korumburra)	15 Feb 2002)	
Gippsland (Latrobe)	20 Feb 2002)	41
Queensland		**185**
Brisbane	11 Feb 2002	90
Rockhampton	12/13 Feb 2002	50
Townsville	14 Feb 2002	45
Western Australia		
Perth	18/19 Mar 2002	**350**
South Australia		**145**
Adelaide	27 Nov 2001	100
Port Augusta	29 Nov 2001	45
Tasmania		
Launceston	31 Oct 2001	**90**
ACT		
Canberra	24 April 2002	**80**
Northern Territory		**46**
Alice Springs	20 Aug 2001	22
Darwin	22 Aug 2001	24
TOTAL		**1814**

3.2 Overview of the National Forums in each state and territory

Each jurisdiction took responsibility for organising their National Forums, taking into consideration the key elements described in the previous section. The following is an overview of the forums held in each jurisdiction.

New South Wales

New South Wales was the first state to implement the forums. The NSW Steering Committee for PPEI in mental health provided invaluable input to the NSW plan for the National Forums. The NSW plan included a launch in February 2001 followed by 11 forums in nine Area Health Services. A state-based meeting was held with Auseinet in June 2001 to provide feedback on the area forums.

The area forums were implemented by local coordinators who were from health promotion and/or mental health services. forums ranged from half a day to a full day and the number of participants ranged from 12 to 107. A total of 555 participants attended the forums. During the forums it became evident that increasing awareness about *Action Plan 2000* needed to be coupled with input from the local community, organisations and services regarding future planning and implementation. Many forums combined presentations with discussion formats to facilitate this process.

Key coordinator	Kym Scanlon, Manager, Prevention, Centre for Mental Health, NSW Health Department
Dates of forums	Feb 2001 - July 2001
Locations	Ballina, Westmead, Tamworth, Penrith, McArthur, Fairfield, Bankstown, Dubbo, Liverpool, Shellharbour and Parkes
No. of participants	555
Sectors/ organisations represented	mental health, health promotion, public health, community health, general health, drug and alcohol, aboriginal health, transcultural mental health, juvenile justice, corrective services, police, housing, consumers, carers, Divisions of General Practice, non-government organisations, church groups, community members
Structure/format	• Varied ranging from a half day to a full day • Feedback workshop on *Action Plan 2000* and *Monograph 2000* • Overview of national, state and local initiatives, showcasing of PPEI initiatives, planning and priority setting
PPEI initiatives showcased	• Early Psychosis • Children of Parents with a Mental Illness • Conduct Disorder Prevention • School Link • Mental Health Information and Support Service • Depression in Men
Highlights	• Regional, rural, remote and metropolitan participation • Broad sector participation • Linking with strategic planning and priority setting
Outcomes	• Involvement at the local level in planning and implementing the forums with support provided by the Department strengthening local ownership • Assisted inter-sectoral collaboration at the local level

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Victoria

The Department of Human Services (DHS) Mental Health Branch in collaboration with Public Health and Primary Care, coordinated the consultation process in Victoria. They were keen to use the consultation process as a means of gathering information that would assist in informing priorities for mental health PPEI in Victoria. Additionally, it was hoped that this information would also inform PPEI aspects of Community Mental Health Plans, developed annually by Area Mental Health Services.

Recognising that a significant amount of mental health related PPEI activity was already being undertaken by a range of DHS program areas, a number of internal stakeholders were invited to a mental health PPEI networking meeting held by DHS in July 2001. Participants recommended that consultations would be required in each region. In some regions it was suggested that two consultations would be required to maximise access for participants/key stakeholders across the region.

Thirteen consultations were held across nine DHS Health Regions with a total of 363 people participating.

Key coordinator	Jenny Smith, Mental Health Branch, Department of Human Services
Dates of forums	Nov 2001 - Feb 2002
Locations	Northern Metropolitan, Grampians (Ballarat), Grampians (Horsham), Eastern Metropolitan, Loddon Mallee (Bendigo), Loddon Mallee (Mildura), Western Metropolitan, Hume, Barwon (Warrnambool), Southern Metropolitan, Gippsland (Lakes Entrance), Gippsland (Korumburra), Gippsland (Latrobe)
No. of participants	363
Sectors/ organisations represented	consumers, carers, mental health service providers, primary care providers, education, culturally and linguistically diverse service providers, DHS, academics, Department of Veterans Affairs, drug and alcohol services, Centrelink
Structure/format	Varied according to needs and time frame
Highlights	• Partnership approach to the consultation process between primary care and mental health • Local ownership • Consultations were held in every region
Outcomes	• Development of a shared understanding of the concepts and definitions of mental health PPEI across mental health, public health, primary care and community health • Informed the planning/review process around community plans in relation to mental health PPEI

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Queensland

Queensland Health's Mental Health Unit coordinated the consultation process in Queensland. It was agreed that it would be beneficial to hold a forum in each health zone to allow greater participation and enhance local ownership.

The Mental Health Unit utilised the forums to help inform state-wide planning for PPEI as part of the mental health reform agenda. The forums provided an opportunity for enhancing and strengthening the knowledge of PPEI in mental health, discussion and identification of key directions to progress PPEI in Queensland, and future directions in consolidating the range of PPEI initiatives underway in Queensland.

Key coordinator	Nikki Bushell, Structural & Services Reform Team, Mental Health Unit, Queensland Health
Dates of forums	11-14 February 2002
Locations	Brisbane, Rockhampton, Townsville
No. of participants	185
Sectors/ organisations represented	mental health, community health, health promotion, public health, general health, consumers, carers, non-government organisations, universities, Divisions of General Practice
Structure/format	• National initiatives • Introduction to *Action Plan 2000* • Auseinet • Feedback workshop on *Action Plan 2000* • PPEI in Queensland • Showcasing PPEI initiatives • Priority setting workshop
PPEI initiatives showcased	• Future Families Project • Early Intervention Project for at risk families and young children 0-5yrs • FRIENDS Program • Public Health Planning in Rural and Remote Areas Project • YAW Country Park Project • Upskilling GPs and Primary Health Care DONs in early intervention in a rural and remote setting • Mental Illness Education Queensland
Highlights	• Forums were held in two regional locations giving rural, remote and indigenous communities the opportunity to provide input • A well structured workshop on priorities and gaps to feed into planning processes
Outcomes	• Re-establishment of a Strategic Directions Group • Development of formal partnerships between mental health and public health

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Western Australia

The forum in Western Australia was coordinated by Trish Sullivan who established an organising committee consisting of key stakeholders. It was decided to hold a two-day symposium, which provided an opportunity for showcasing PPEI initiatives, programs and projects in Western Australia. Auseinet provided additional funds to support the Department of Health in Western Australia to hold this symposium.

Key coordinator	Trish Sullivan, Policy Officer, WA Department of Health
Dates of forum	18 & 19 March 2002
Location	Perth
No. of participants	350
Sectors/ organisations represented	community health, general health, health promotion, public health, mental health, education, universities (academic & students), youth sector, community sector, mental health and mainstream non-government organisations, migrant health, Indigenous health, Indigenous communities, consumers, carers, Department of Health, Divisions of General Practice
Structure/format	• Two-day symposium • Key note presentations followed by stream presentations on both days • Feedback workshop on the *Action Plan 2000* on first day
PPEI initiatives showcased	Keynote presentations on the following themes: • Mental health promotion and illness prevention concepts and state policy direction • The meaning of mental health and mental health promotion for Indigenous people • 'Together We Do Better' – VicHealth's Mental Health Promotion Campaign • Cost effectiveness in determining where to invest in mental health promotion • PPEI initiatives/programs/projects were presented in the following streams: Day 1: early years, child & youth, adult, & elderly Day 2: early years, child & youth, adult, elderly, Indigenous
Highlights	• Approximately 350 people attended from across the state • High level of Indigenous participation • High quality of papers
Outcomes	• Establishment of a PPEI Policy Officer position

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South Australia

PPEI has been identified as one of the four key policy drivers of the recently released *Action Plan for Reform of Mental Health Services 2000-2005* (Department of Human Services 2000) in South Australia.

As well as an opportunity to comment on the PPEI documents, the Department of Human Services in South Australia was keen to use the consultation process as a vehicle for informing representatives from a wide range of sectors on how DHS was responding to PPEI as part of the reform agenda. The Mental Health Unit, Health Promotion SA and the Country and Disability Services Division, Department of Human Services collaborated with Auseinet to conduct the forums.

The forums also provided an opportunity for small group discussions exploring service and regional responses to PPEI within existing resources.

Key coordinator	Adrian Booth, Health Promotion SA, Department of Human Services
Dates of forums	27 & 29 November 2001
Locations	Adelaide, Port Augusta
No. of participants	145
Sectors/ organisations represented	community health (including domiciliary care), mental health, health promotion, mental health non-Government organisations, mainstream NGOs (ie Port Adelaide Central Mission, Alzheimers Association, Carers Association, Centrecare), consumer advisory groups, migrant health, drug and alcohol, local government, Department of Justice, correctional services (eg women's prison), Divisions of General Practice, Department of Veteran's Affairs, SA Police, Catholic Education, sexual health (Shine SA), universities, SA Institute of Sport
Structure/format	• Examples of national initiatives for mental health PPEI • Overview of the Country Mental Health Commitment Document, 2001-2005 (Country forum) • Overview of Service Improvement Outcome Priorities of DHS in relation to PPEI (Metro forum) • The Reform of Mental Health Services in SA - current and future directions for PPEI • Showcasing of South Australian PPEI initiatives that included projects based on age groups across the lifespan • Introduction to and feedback workshop on *Action Plan 2000* and *Monograph 2000* including an overview of Auseinet • Small group discussions to examine service and regional responses to PPEI within current resources
PPEI initiatives showcased	• MindMatters • Headroom • Reciprocity in Education • Community Action on Depression
Highlights	• Broad sector involvement and participation • Linked PPEI with current state plans and frameworks
Outcomes	• Establishment of a PPEI Advisory Group to coordinate the development of a PPEI Action Plan for SA and to undertake an audit of PPEI activity

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Tasmania

Tasmania held a state-based forum in October 2001. Prior to the forum, Tasmania had recently launched a Rural Mental Health Plan and was keen to utilise the forum in an educative way by providing input on two priority areas: rural mental health and transcultural mental health, both from a PPEI perspective.

Debra Rickwood and Jennie Parham were invited to provide an overview of national initiatives in PPEI, while Lesley Chenoweth and Daniela Stehlik from Queensland were invited to present on 'Building resilient rural communities'. Tasmanian PPEI initiatives were showcased via poster presentations during the lunch break.

Key coordinator	Victoria Rigney, Senior Policy Officer, Department of Health & Human Services
Date of forum	31 October 2001
Location	Launceston
No. of participants	90
Sectors/ organisations represented	mental health, community health, Divisions of General Practice, community sector, Department of Immigration, consumers, carers, non-government organisations
Structure/format	• Welcome: Manager of Mental Health Services, Tasmania • Overview of National PPEI initiatives • Presentation: 'Building Resilient Communities' • Presentation: 'PPEI & Transcultural Mental Health' • Lunch: poster presentation of Tasmanian PPEI initiatives • Feedback workshop
PPEI initiatives showcased	A number of PPEI initiatives were showcased via poster presentations
Highlights	• External presentations • Poster presentations of PPEI activity
Outcomes	• Implementation of Rural Mental Health Plan • Consolidation of Suicide Prevention Advisory Group

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Australian Capital Territory

The Department of Health and Community Care coordinated the consultation process in the ACT. The ACT was keen to use the forum to facilitate participation from a range of sectors, but more importantly to provide a catalyst for bringing mental health and public health together. Furthermore, the forum provided an opportunity for participants to provide feedback about the implementation of PPEI in the ACT in relation to current capacity, service gaps and opportunities, barriers and facilitators, and future priorities. Consumer and carer participation was also sought and specific forums for consumers and carers were held prior to the one-day forum to assist their participation.

Key coordinator	Susan Helyar, Department of Health & Corrective Services
Date of forum	24 April 2002
Location	Canberra
No. of participants	80
Sectors/ organisations represented	community health, health promotion, consumers, carers, mental health NGOs (ie Mental Illness Education, Mental Health Foundation), community sector (ie Relationships Australia, women's refuges), universities, housing, multicultural (eg Migrant Resource Centre, Multicultural Council), Commonwealth Department of Health and Aging (ie HACC, Respite Care) Division of General Practice, Federal Police
Structure/format	• Welcome - ACT Minister for Health • Overview of National PPEI initiatives • Feedback workshop on PPEI documents • Review of ACT programs • Review of current PPEI activities in the ACT • Showcasing of ACT PPEI projects • Feedback workshop • Capacity issues in the ACT • Service gaps, implementation barriers and facilitation • Priorities for future initiatives
PPEI initiatives showcased	• Mental Health Foundation • Healthpact • Belconnen Leisure Program
Highlights	• This forum was preceded by sessions specifically for consumers and carers which led to a high level of participation in the forum • ABC TV and Prime TV featured the forum on their news bulletins
Outcomes	• Re-establishment of the Mental Health PPEI Reference Group (Terms of Reference: identify gaps in mental health promotion and develop capacity within the sector in the ACT) • PPEI included as a high priority area in the development of the new ACT Mental Health Strategy and Action Plan

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Northern Territory

The Northern Territory held their forums in August 2001. An organising committee with representatives from the Commonwealth Department of Health and Ageing, Department of Health and Community Services (previously Territory Health Services) and the Northern Territory Community Advisory Group on Mental Health collaborated with Auseinet to plan the forums. It was decided to hold forums in both Alice Springs and Darwin for a number of reasons including distance, differing needs and contexts and to allow for greater participation.

The Northern Territory took the opportunity to broaden the scope by including presentations from a broad range of sectors to demonstrate the approaches outlined in the *Action Plan 2000*. The organising committee invited the Department of Employment, Education and Training, Department of Health and Community Services, the Commonwealth Department of Health and Ageing, Anglicare and the Northern Territory Community Advisory Group on Mental Health to present examples that reflected Northern Territory priority areas.

Key coordinator	Cheryl Furner, Director, SOWELL (Social and Emotional Wellness) Department of Health and Community Services
Dates of forums	20 & 22 August 2001
Locations	Alice Springs, Darwin
No. of participants	46
Sectors/ organisations represented	Department of Education, drug and alcohol services, mental health NGOs (ie Mental Health Association), Community Advisory Groups, Life Promotion Program, correctional services, health services, Divisions of General Practice, Commonwealth Department of Health and Ageing, Department of Veterans Affairs, mainstream NGOs (ie Anglicare, Salvation Army), health promotion, family and community services
Structure/format	• Overview of *Action Plan 2000* • Summary of Commonwealth initiatives • Overview of key initiatives • Presentation from Community Advisory Group on Mental Health • Showcasing of territory initiatives in PPEI • Feedback workshop
PPEI initiatives showcased	• Mind Matters-Department of Employment, Education and Training • Living Works, Applied Suicide Intervention Skills Training Program – Anglicare
Highlights	• Broad representation of a range of sectors • Many of the initiatives presented included specific Aboriginal programs and/or encouraged people from Aboriginal backgrounds to participate in the development, implementation and evaluation of the programs • Presentations by consumers
Outcomes	• Senior Policy Officer - PPEI appointed • Development of a plan for PPEI • Existing mechanism to be used to progress PPEI

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3.3 Common elements

Although the forums were planned, developed and coordinated using different models, there were a number of elements that were consistent across all the states and territories.

Involvement of key stakeholders

All of the jurisdictions established organising committees or working groups of key stakeholders to plan and implement the forums. Local participants were involved in presenting PPEI initiatives, facilitating and scribing both the feedback workshop on the PPEI documents and the priority setting session. All forums were opened by a local dignitary, which in the main was either the Minister for Health or a senior bureaucrat, providing endorsement for the process.

Locations

All jurisdictions made an effort not to limit the consultation process to metropolitan sites or capital cities. Both New South Wales and Victoria conducted forums at the regional/area level. Regional forums were also held in Queensland, South Australia and the Northern Territory. Although Western Australia had a state-based forum, participants came from all areas of the state to attend. It had the highest Indigenous participation of any of the forums. The Tasmanian forum was held in Launceston to enable participants from less accessible areas to attend.

Format/structure

There was consistency across all jurisdictions with respect to format. All included the feedback workshop, an overview of national and state initiatives, and showcasing of PPEI initiatives. South Australia, Queensland, New South Wales, Northern Territory and the ACT used the forums to outline their own state and territory directions and provided an opportunity for participants to respond to current priorities and future directions. Western Australia and Tasmania used the forums to increase knowledge and raise awareness of PPEI by having a program which was more educative.

Content

There was consistency in the content of certain components of the forum, such as the National Initiatives, PPEI documents and Auseinet, while allowing for local input to the rest of the program.

Dermot Casey (Assistant Secretary, Mental Health Branch, Commonwealth Department of Health and Ageing), Graham Martin (Professor of Child Psychiatry, University of Queensland and Auseinet National Adviser) and members of PPWP presented the national picture. Debra Rickwood presented an overview of the PPEI documents and Jennie Parham presented an overview of Auseinet. The feedback workshop was consistently implemented across all forums.

Sector representation

There was broad sector representation at the forums. Table 2 shows the sectors represented by state/territory. Clearly, the highest representation came from the mental health and health sectors, but corrective services, welfare and education also had good representation. Indigenous participation on the whole was poor with the exception of Western Australia, which had an Indigenous component at their two-day symposium. Consumers and carers were present at all of the forums. ACT had the highest participation from carers, consumers and mental health NGOs due to affirmative action taken to engage these groups.

Table 2. Sector representation by state/territory								
Sectors	**WA**	**QLD**	**NSW**	**SA***	**TAS**	**VIC**	**ACT**	**NT**
Mental Health	✓[1]	✓[1]	✓[1]	✓	✓[1]	✓[1]	✓	✓[1]
General Health								
- **Community**	✓[2]	✓[2]	✓[2]	✓[1]	✓[2]	✓[2]	✓	✓
- **Health Promotion**	✓	✓[3]	✓	✓	✓	✓	✓[3]	✓[2]
- **Public Health**	✓	✓	✓	✓	✓	✓	✓	✓
Other Government Departments (corrections, welfare, justice)	✓	✓	✓	✓[3]	✓[3]	✓[3]	✓	✓
NGOs	✓	✓	✓	✓[2]	-	✓	✓[1]	✓
Community Sector	✓	✓	✓[3]	✓	-	✓	✓[2]	✓
Multicultural Health	✓	✓	✓	✓	✓	✓	✓	✓
Consumers/carers	✓	✓	✓	✓	✓	✓	✓	✓[3]
Universities	✓[3]	-	-	✓	✓	✓	✓	-
Divisions of GP	✓	✓	✓	✓	✓	✓	✓	✓
Education	✓	✓	-	✓	-	✓	✓	✓
Indigenous Health	✓	✓	-	-	-	✓	-	-

✓ denotes sector represented at the forum
[1] denotes highest number of participants at the state or territory forum
[2] denotes second highest number of participants at the state or territory forum
[3] denotes third highest number of participants at the state or territory forum

3.4 Outcomes

In developing and implementing the forums, utilising a capacity building approach, the following outcomes were achieved.

Enhanced local ownership

All the forums were developed at the local level with Auseinet providing support and acting as a resource. This gave each jurisdiction the opportunity to develop a strategy that would best meet their needs and take into consideration specific contextual issues. It also gave them the opportunity to outline their own plans and priorities for PPEI within a national framework.

Most of the jurisdictions seized the opportunity to outline plans and gain feedback and provide an opportunity for priority setting for PPEI. Through enhancing local ownership, the profile of PPEI was raised and the base for ongoing implementation was strengthened.

Facilitated further development of infrastructure to support PPEI at the state/territory level

The forums were a catalyst for assisting the development and/or consolidation of infrastructure to support PPEI implementation at the state/territory level. They helped progress the development of policy, the appointment of personnel to take carriage of PPEI, establishment of mechanisms for coordinating PPEI activity, and gaining government or departmental commitment. Each jurisdiction had to demonstrate what steps were being taken to ensure that the national policy framework was being adopted.

Strengthened local networks and inter-sectoral collaboration

The consultation process was characterised by participation of a broad range of sectors and demonstrated a high degree of goodwill and keenness to work together. The forums also identified existing networks and partnerships and helped strengthen ongoing collaboration.

Raised the profile of PPEI at the local level

The response to the forums in each jurisdiction demonstrated a high degree of interest in the area. Participants commented that the forums informed them of the PPEI concepts and approach, of what is happening at a national and local level, and the resources and support available.

4. Feedback on the PPEI documents

4.1 Feedback workshops

A framework to guide feedback on the PPEI documents was developed in collaboration with PPWP (see Table 3). This formed the basis for the feedback workshops in the National Forums. For people who could not attend the feedback workshops at the forums or who wanted the opportunity to provide additional input, a questionnaire was also used in the Northern Territory and New South Wales (refer Appendix 1).

The feedback workshop was generally allocated 1½ hours in the forum program. The key components were:

- overview of the PPEI documents 15 minutes
- workshop in small groups 45 minutes
- plenary summary 15 minutes
- overview of Auseinet 15 minutes

Workshop sessions began with an introduction and overview highlighting the development of the PPEI documents, rationale, content and style. Participants were then divided into groups that varied in size, but were generally about 10-15 people. The way the groups were determined varied, and was based on the needs of the particular jurisdiction. For example, when the feedback workshop was to be followed by a priority setting session, the groups were organised around priority areas within *Action Plan 2000*. Usually these groups were focussed on: infants and children; adolescents and young people; adults; and older adults. However, the priority groups differed somewhat according to local interests and priorities. For example, in Queensland and Western Australia, Aboriginal and Torres Strait Islander peoples comprised a priority group, as did multicultural communities in Tasmania.

Each workshop group was allocated a facilitator and a scribe, who were local people who had been briefed prior to the session. The feedback outline (see Table 3) formed the basis for discussion. The facilitator led the discussion around the main points in the feedback outline. The scribe recorded the comments of the participants in relation to these points. A summary of the main points from each workshop group was fed back to all the National Forum participants.

The information gathered from the workshop was recorded and summarised and the results are discussed in the following section.

4.2 Feedback

A summary of the main issues raised in the feedback workshops follows. It should be noted at this point that many feedback workshop participants felt that asking for feedback and input regarding the PPEI documents at this stage was too late. They argued they should have been consulted earlier, and that the published documents meant that they were a 'finished product'. As a response to this sentiment, it was valuable to have Auseinet as a tangible means through which further input to the PPEI process could be provided. Forum participants were satisfied that there was a mechanism in place, in the form of Auseinet, through which their ongoing voice could be heard.

Table 3. Outline for feedback workshops	
DISSEMINATION	• How did they find out about Action Plan and Monograph and was that the best way – alternatives? • Sectors or services who are not aware of documents
USE	• *Who* is using it (sector/'profession'/training)? • *Where* is it being used (sector/type of service)? • *How* is it being used (personal, research, training, policy development, program/project development)? • *What* parts of the Action Plan are they using most?
CONTENT	• Coverage – what is well covered? – what is missing? • Evidence – where is evidence convincing? – where is there need for further evidence? • Indicators – are the proposed indicators of interest or potential use?
STRUCTURE	• Combination – is the Action Plan with Monograph a useful combination? • Layout – is the 2-page layout useful (enough detail)? • Sub-sections – are the sub-sections of the 2-page layout appropriate (anything unnecessary, anything missing)? • User-friendly – in what ways is it user-friendly or not?
INPUT	• Future input – how would they like to have further input into future documents and consultations?
IMPLEMENTATION	• In what ways do the documents support your work? • What would you like to know more about? • What else is needed to support implementation?

Dissemination of the documents

The PPEI documents were officially launched on 29 October 2000 and the national consultation began the following year. Consequently, the documents had not long been in the public domain, and the national consultation acted more as an awareness raising exercise that encouraged dissemination of the documents than as a real evaluation of the impact of the PPEI documents. There was a strong conviction that the forums were essential in raising awareness of the PPEI documents and facilitating their dissemination. It was often commented that without the forums the PPEI documents would have remained 'on the shelf'.

Dissemination of the PPEI documents was somewhat problematic in some areas. Many people had not seen the documents before receiving copies along with their invitation to the forum, and some had not seen them at all before the forum. There was a perception that dissemination was mainly to government mental health services and policy areas and that the distribution was 'top-down'. At times, the PPEI documents arrived 'at the top' and stayed there.

Some sectors appeared to be less likely than others to have received the documents in enough time to study them for the forums. These included the smaller community groups, such as NGOs and migrant and multicultural groups.

There was a belief that many sectors were still unaware of documents after the dissemination process. This included some mental health services, aged care services, and general practice, as well as the education, corrections and justice, housing, business and commerce, arts and sports sectors.

Current use of the PPEI documents

Those people and agencies who had received the PPEI documents and had the opportunity to read them were using them and found them effective and supportive of a PPEI approach. The types of agencies who were currently using the PPEI documents was varied, but mostly concentrated in child and adolescent services, life promotion, and government policy. Outside the health sector, the education sector had also begun to adopt the PPEI documents.

The PPEI documents were being implemented widely in health promotion and suicide prevention service planning, community development, and education and training around health promotion and suicide prevention. The PPEI documents were currently being used in the following ways:

- as a framework for local plans;
- to assist formation of partnerships;
- to affirm current practice;
- as a reference and resource (for writing funding submissions);
- as a training and education tool, resource for teaching (especially in clinical settings and mental health promotion); and
- to advocate for carers and consumers.

All parts of *Action Plan 2000* were being used. The two-page sections for each priority area were being heavily used. Particularly important were the sections on indicators, linked initiatives, national actions, who and where, evidence base, and rationale. *Monograph 2000* was being used for definitions, references, and as a rational and justification for a PPEI approach.

It was emphasised that there was an urgent need to develop training packages around the documents and around the PPEI approach.

Structure

There was general consensus that the dual documents, *Action Plan 2000* and *Monograph 2000*, was a 'great combination'. There was agreed need for both documents, although most people had read only *Action Plan 2000*. Far fewer people had attempted to read *Monograph 2000*. However, with a few exceptions, people maintained that there was a definite need for the more substantial *Monograph 2000*.

Action Plan 2000

There was almost universal support for the format of *Action Plan 2000*; specifically the two-page spread for each priority area, which users found 'user-friendly', 'easy to navigate' and had the 'right amount of information at a glance'. Although many people wanted more information than contained in the two-page spread, users agreed that the concise format was essential.

Overwhelmingly, the response to *Action Plan 2000* was that it was 'user-friendly'. Users commented that it was 'easy to read', 'accessible', 'in plain English', and had 'no jargon'. There was, however, a minority who felt that *Action Plan 2000* was neither accessible nor easy to read.

These comments generally came from representatives within the multicultural, community and consumer sectors. Some of the community and consumer sector representatives also commented that the language used was not plain English, but rather that of the mental health sector.

Monograph 2000

Monograph 2000 was not as accessible or user-friendly. It was read by fewer people and had a different audience to *Action Plan 2000*. *Monograph 2000* was more likely to be read by researchers, students, program managers, and people writing grant submissions, and was viewed as a 'fantastic resource'. Several people new to the mental health promotion area had found it a 'wonderful overview of the field'. Reading it was a 'huge learning curve' and the size of *Monograph 2000* was 'daunting' to many. However, overall it was seen as an essential background document.

A worthwhile suggestion put forward was that *Monograph 2000* would benefit greatly from the addition of an Index, which would facilitate its use as a reference document. There were also suggestions that *Monograph 2000* be structured around the priority groups of *Action Plan 2000*, which would make it easier for users to move between the two documents. Alternatively, some way to cross-reference between *Action Plan 2000* and *Monograph 2000* would be helpful.

Suggested improvements

Despite the primarily positive feedback regarding *Action Plan 2000* and *Monograph 2000*, there was clearly a need for the information to be presented in other formats that were accessible to a wider audience. A consistent theme was the need for a simpler level of information; for example, an introductory pamphlet in plain English that covered the basic concepts of PPEI and introduced the other documents. This need was particularly evident for consumers, community groups and multicultural groups. This introductory pamphlet could be translated into other languages to make the PPEI concepts accessible to culturally and linguistically diverse communities.

Representatives of Aboriginal and Torres Strait Islander communities noted the need for the information to be provided in a more visual format, such as video and posters. Such presentations would help to increase awareness of the PPEI concepts in Indigenous communities. They would also be useful for many other groups, including culturally and linguistically diverse communities, younger people, and consumers.

Summaries and fact sheets that concentrated on specific priority groups and that were appropriate for particular sectors were also noted as needed. These would introduce the PPEI documents and outline the basic concepts, but more importantly, focus on the issues that were specifically relevant for the priority group or sector, and indicate the places in the PPEI documents where more information could be found. These more targeted documents would facilitate awareness and uptake of PPEI among other sectors.

Content

The majority view was that the PPEI documents were very thorough in their content. It was commented that they were well researched and referenced and that 'all the gaps were covered'. Specifically, the definitions were particularly useful, as they provided a 'common language' for PPEI. Similarly, the Glossary was seen to be useful in this way. The spectrum of interventions was well presented and explained, making the concepts clear and easy to grasp. There was praise for the lifespan approach and the priority groups that were selected.

Priority groups

With regard to the overall 'tone' of the documents, there were some concerns raised by consumers and carers. Some consumers felt there was a 'burden and cost' emphasis that could be perceived negatively by people with mental illness. This was most evident in the rationale for taking a prevention approach. Similarly, some carers felt there was a 'blaming' emphasis, which was particularly evident in the tables of risk and protective factors. It was revealed that the PPEI documents were being applied in a very personal context by some consumers and carers, despite not being intended to be used in this way. It may be important to preface future documents with a stronger message to this effect.

Future documents should separate consumers and carers as priority groups. Although these groups share many concerns, their focus is sufficiently distinct to warrant separate consideration. Carers are particularly interested in early intervention, relapse prevention and respite support, as well as the need for their input as carers to be taken seriously by health authorities. While consumers are also concerned about these issues, they are focussed on their human rights and ways to maintain their independence and quality of life through a recovery orientation to service provision.

There were other groups who were not well covered within the documents. Of particular importance, more attention needs to be given to people with intellectual and physical disabilities. This was pointed out across Australia at most of the forums. People with intellectual and physical disabilities are especially vulnerable to mental health problems and their needs are not currently well met and deserve greater attention. The impact of adverse life experiences in general required more detail, notably the issues of child abuse and violence. It was also noted that the issue of personality disorders was not mentioned. The place of personality disorders within the context of mental disorders and mental health problems needs to be considered.

Some users were concerned that the adult section covered a wide range of people and that being restricted to only one priority group and only a two-page spread was inadequate. Specifically, many users wanted gender issues to be considered, possibly through separate sections on women and men's issues. There was also need for more detail around PPEI for people working in the home and for those in the workforce as well as those who are unemployed. Similarly, more detail was requested around the mental health promotion needs of older adults.

Suggested additions

Users found the sections on the current evidence base very useful, and appreciated the inclusion of references. However, they noted that it made it clear that the evidence base for PPEI needs building. There was also a strongly expressed need for different types of evidence, principally local examples of 'what's working'.

What was very clearly missing from the documents was the 'how to', that is, practical examples of PPEI in action and how to translate the theory into practice. This would require case studies and examples of current initiatives that are good practice. It was suggested that as the PPEI documents are static and cannot respond to the changing environment, a website should be available where examples of good practice and current initiatives could be regularly updated. Being able to refer to Auseinet was invaluable in this respect, as it made it evident that a mechanism had already been set up that had the capacity to provide this sort of support.

Many comments were made about the process and outcome indicators in *Action Plan 2000*. It was agreed that there was an urgent need for workable indicators, but that those provided in the document were too difficult to measure and were not useful at a local level. Furthermore, many

questions were asked about the current indicators, such as: 'who developed them?'; 'who is reviewing them?'; 'how is feedback on the indicators to be provided?' and 'what will happen if indicators are not met?'. Many users commented that different types of indicators would be more useful at the local level. Specifically it was put forward that impact indicators, showing the effect of current PPEI initiatives, would be more useful. Ideally, 'benchmarks' were required.

5. Implementation of PPEI: Issues and ways forward

Even though the documents were accepted as a policy framework and there was a universally favourable response, significant issues were also raised, especially regarding implementation. These issues were raised in the feedback workshop as well as in other components of the forums. As well as raising concerns about implementation, many forum participants identified strategies for overcoming some of the barriers and challenges in moving forward.

Key implementation issues were:

- resources/infrastructure;
- translating policy into practice;
- roles and responsibility;
- education and training - building capacity; and
- cultural issues - making the Plan relevant and meaningful to Indigenous Australians and people from culturally and linguistically diverse backgrounds.

5.1 Resources/infrastructure

Three different issues related to resource and infrastructure to support implementation of PPEI were raised in the forums. These were:

- lack of direct resource allocation;
- lack of ongoing, recurrent funding for PPEI projects/programs/initiatives, therefore impacting on sustainability; and
- barriers existing between agencies/departments impacting on the sharing of resources.

Lack of direct resource allocation

A level of frustration was expressed at forums regarding the lack of direct resource allocation to *Action Plan 2000*. People felt that here was more rhetoric yet again, without the resources and dollars to implement it. This led to some 'scepticism' and 'cynicism' being expressed. At the 'grass roots' level, participants reported confusion about how to track available resources from many sources (Commonwealth, state, local government) or initiatives (different departments and program areas).

In the jurisdictions that conducted priority setting workshops, this was considered in the context of working within existing resource allocations. Participants were concerned that they were being asked to do more with existing resources. In rural areas there was a special concern regarding 'burnout'.

Lack of ongoing, recurrent funding for many PPEI programs/initiatives

Concern was also expressed regarding the sustainability of projects and programs that have been grant funded or received only seeding funding. It was recognised that while there was a clear need to support pilot programs and evaluate their success, when such programs were shown to be effective there had to be mechanisms in place to implement the program in an ongoing way. Effective innovations needed to become integrated into mainstream service systems and funding formulae. In particular, many of the NGOs expressed concern at how recurrent funding cycles impacted on sustainability.

Barriers between agencies/departments/initiatives

People commented on the fact that there was sometimes duplication and 'reinvention of the wheel' due to boundary problems between departments and agencies. Structural barriers and lack of coordination became an obstacle for sharing of resources.

Furthermore, confusion was expressed regarding the many different strategies and funding sources that were relevant to PPEI. Forum participants noted that much of *Action Plan 2000* was consistent with other national initiatives, including the National Suicide Prevention Strategy, beyondblue – the national depression initiative, and the National Drug Strategy. Participants noted the importance of these related initiatives and acknowledged that they impacted on mental health reform. However, the nature of the relationships and linkages between these initiatives is unclear. This has led to some confusion, unnecessary duplication of effort, and lack of awareness of similar initiatives undertaken under different strategies. A coherent set of related strategies, where the linkages are made explicit and information, knowledge, and networks are readily shared, would greatly enhance the synergy of the many initiatives that impact broadly on mental health.

Suggested ways forward were:

- management support at the highest level which is then reflected in policies which enable partnerships and collaborative approaches to occur;
- more consideration given to flexible funding arrangements which support sustainability;
- establishment of inter-sectoral and inter-departmental committees (advisory groups); and
- leadership at the highest levels of government encouraging inter-sectoral collaboration and sharing of resources.

5.2 Translating policy into practice

One of the most often repeated comments heard throughout the consultation process was the lack of guidelines and practical assistance in translating the policy into effective practice. Comments such as 'Action Plan sets out what needs to happen but does not give sufficient guidance as to how to go about it', particularly with respect to partnerships with other agencies, was echoed time and time again. Concerns were also raised about translating the concepts into something workable - moving from the idealistic to the realistic. 'Documents heavily stressed the idea of working in partnership, but were short on suggesting how to go about forming those partnerships.'

Suggested ways forward were:

- development of simple guidelines or principles;
- fact sheets specific to priority groups and different sectors;
- easily accessible information on what is currently happening and examples of best practice interventions and programs (eg Auseinet website);
- availability of more practical information around key implementation strategies (ie partnerships, change management, reorientation).

5.3 Roles and responsibility

One of the major issues raised was 'who is responsible for driving this plan?'. Even though the documents highlight that mental health is everybody's business, one of the recurrent concerns was 'what role does the mental health specialist workforce play in PPEI, particularly for those working in treatment facilities or with people with a serious mental illness?'.

There were differing positions on this across the nation, depending on how PPEI had been defined and promoted. In some instances there was concern that mental health professionals would be diverted from clinical work to undertake PPEI initiatives, while others felt that it was critical to reorient mental health clinicians and services toward PPEI for successful implementation.

Concern was also raised about the different requirements of mental health services under the Second as compared to the First National Mental Health Plan. Under the First National Mental Health Plan, the role of mental health professionals was more clearly defined in terms of servicing people with serious mental disorders whereas under the Second Plan a broader view was taken. This had caused some confusion regarding the appropriate focus of mental health services. Mental health services have traditionally focussed on treatment, and not promotion and prevention, however they have a role in promotion and prevention that needs to be understood and acknowledged. Until their role is made clear, there will continue to be resistance to reorienting services toward a PPEI approach.

While the PPEI approach has been driven by consumers and carers, the national consultations revealed that some consumers and carers were unclear regarding the relevance of promotion and prevention in the context of existing mental health problems and mental disorder. There is a need to clarify the links between PPEI and recovery concepts, including relapse prevention, early

intervention for recurrent symptoms, and rehabilitation. This will help to better engage those consumers and carers (and others) who struggle to reconcile the promotion and prevention approach with a treatment focus.

The PPEI documents were jointly endorsed by the National Public Health Partnership and the National Mental Health Working Group, demonstrating that successful implementation requires strong collaboration between public health and mental health. In some states, mental health PPEI is being driven out of mental health while in others it is being progressed through health promotion or public health. At a jurisdictional level, the degree of collaboration fluctuates and is in differing stages of development. The skills and expertise from both mental health and public health are essential to developing effective implementation strategies, and PPEI should not be seen solely as the domain of one sector or the other. It is important, however, that a sector is identified to take primary carriage of the PPEI agenda, but that it works within a strong partnership framework.

Suggested ways forward were:

- create opportunities for mental health and public health to come together and develop a shared vision;
- establish formal partnerships at the state/territory level between mental health and public health in relation to PPEI;
- develop state and territory-based action plans that assist in operationalising the national policy framework and bring together diverse stakeholders; and
- clearly define PPEI roles and responsibilities in job descriptions for the mental health workforce.

5.4 Building capacity – education and training

The need for greater education and training opportunities and resources for PPEI was strongly expressed. Training materials and resources to operationalise the concepts needed to accompany the PPEI documents. Training and resource material was needed at several levels.

Firstly, the consultation raised the issue of training for 'on the ground' frontline mental health workers particularly in relation to population health approaches. There was recognition that the mental health workforce has largely come from a clinical and/or medical background that did not traditionally adopt a population health approach. The mental health workforce needs to learn how to reorient toward a PPEI approach, and how to work better in partnership with the many other sectors and services that are required to effectively deliver mental health care.

Secondly, there is a need to educate the general health workforce about mental health PPEI. The roles of mainstream health and allied health services are essential for effective PPEI, and these workforces need to understand how they can implement PPEI for mental health within their work practices. Again, effective partnership models need to be developed and sustained.

Thirdly, there is a need to establish education and training opportunities for sectors outside the health and mental health sectors, in those sectors that need to be engaged as partners in the PPEI approach. These workforces need to share an understanding of PPEI and develop a common language. Sectors outside the mental health system need to know what their roles and

contributions to the PPEI approach might be, and how to work in partnership with the mental health sector.

Underlying these concerns was the capacity of the workforce to implement the PPEI approach and the need to make education, training and professional development a high priority. This capacity is not only needed at the individual level, but also at the organisational and systemic level, indicating the need for change in service delivery models and approaches.

Suggested ways forward were:

- develop training packages to accompany the PPEI documents for all the sectors that need to be engaged – mental health, health, allied health, and non-health sectors, as well as consumers and carers;
- increase opportunities for partner organisations and agencies to come together to develop a shared vision;
- reorient mental health services to take a PPEI approach; and
- make available workshops and training programs on key areas within *Action Plan 2000* to enhance understanding and skills.

5.5 Cultural issues

It is important to note that the consultation process was limited by the low number of Indigenous Australians who participated. Clearly, there is a need to find ways to better engage Indigenous Australians. A separate consultation process or series of PPEI forums may be helpful.

Representation from providers working with culturally and linguistically diverse communities at the forums was evident at the consultations. A major issue raised was the need to translate some of the key PPEI concepts into other languages and more visual material, such as videos and posters. The mental health needs of refugees and asylum seekers were raised as issues of concern at some of the forums.

Suggested ways forward were:

- separate consultation process for Indigenous Australians;
- introductory and practical information on the PPEI documents available in translations; and
- education and training for providers working with people from culturally and linguistically diverse backgrounds.

6. Conclusion

6.1 Summary

The national consultation was successful in achieving its aims. Specifically, it has:

- raised the profile of the PPEI documents and PPEI generally;
- facilitated ownership at the local level; and
- provided feedback on the PPEI documents.

The capacity building approach in the context of a partnership model was also effective in facilitating and further strengthening the ability of each jurisdiction to continue to progress PPEI at a funding, policy and service level. Furthermore, it brought together a range of sectors to discuss and debate PPEI issues.

6.2 Learnings

As the national consultations unfolded, a growing understanding of the processes involved in implementing a major and innovative national strategy developed. These learnings related to the processes that are supportive of such an initiative and are summarised below.

Need for a comprehensive educational/awareness raising campaign when releasing significant national policy

The national consultation acted more as an awareness raising strategy than as an evaluation of effectiveness, which was realised to be premature. To progress implementation of such significant national policy, a more comprehensive promotional and awareness raising campaign is required. This could include:

- media launch of the Action Plan and related documents and products;
- posters and media campaign introducing the PPEI concepts;
- national dissemination of PPEI documents and products; and
- training packages for PPEI, including a series of national awareness and training workshops.

Partnership model worked well and enhanced ownership at the local level

The partnership model utilised in this consultation process worked well. Auseinet's coordination of the process enabled relationships to be developed with the states and territories that supported implementation beyond the consultations. State and territory involvement in the planning and implementation of the forms enhanced ownership at the local level. Participants also appreciated the opportunity to meet some of the people who were instrumental in the development and implementation of the PPEI approach.

Capacity building approach facilitated implementation

The capacity building approach facilitated further development and consolidation of infrastructure to support the implementation of PPEI at the state/territory level, and was particularly effective in enhancing ownership at the local level. Some states already had well-developed infrastructure for PPEI and the consultation strengthened this. In other states and territories, the consultation process assisted the development of infrastructure. For example, in some states, the forums provided a catalyst for policy to be developed to demonstrate that the state was developing strategic directions in line with the national policy framework. In other states, the forums enhanced the need for coordination mechanisms to be established or re-established.

Most jurisdictions linked the national policy framework to local priority setting, which enhanced implementation. The forums also facilitated inter-sectoral participation, upon which the jurisdictions were able to capitalise.

The main drawback of such an approach is the need for flexibility in providing a balance between achieving the outcome and the process. Some states and territories were not ready for the forums and needed more time to get processes in place to better enable an ongoing impact of the forums.

Need for additional information to meet the needs of different sectors

Throughout the forums, participants commented on the need for various levels of information to support *Action Plan 2000* and *Monograph 2000*. There was a clear need for resources that were more practical and which supported the operationalisation of the PPEI framework. These included:

- introductory pamphlets;
- videos;
- fact sheets specific to priority groups and different sectors;
- detailed framework of 'how to' translate *Action Plan 2000* into a local plan; and
- access to updated examples of initiatives, best practice, and what's working through an active website (eg Auseinet).

Need for support to translate policy into practice

There was overwhelming support for the PPEI documents as providing a comprehensive framework for PPEI. However, there was recognition of the complementary need to provide more practical assistance in the translation of policy into practice and the need for ongoing support.

Comments were continually made regarding the importance of a national website (such as Auseinet) to provide information on evidence-based practice and research, as well as to give examples of effective interventions. This would not only provide people and agencies with a resource to support implementation of PPEI, but would help to minimise duplication across sectors.

6.3 Future directions

On the basis of feedback collected from the consultations, the following are ways forward in progressing the implementation of PPEI.

1. Continuation and further development of a national website and communications infrastructure, such as Auseinet, to provide accessible information on current policy, research and practice in PPEI.
2. Development of a range of resource materials for different sectors and different audiences.
3. Development and implementation of education and training programs, particularly in the areas of reorientation, partnership and collaboration, and the principles of PPEI.
4. Further support to states and territories in consolidating infrastructure and building capacity to progress PPEI.
5. Ensuring that the issues raised in this consultation are considered in the development of any further National Mental Health Plan.
6. Development of a consultation strategy on PPEI appropriate for Indigenous participation.
7. Development of innovative funding mechanisms and resources to support the implementation and sustainability of PPEI.

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Appendix 1

Self-Report Questionnaire

Feedback questionnaire for the *Action Plan* and *Monograph* on promotion, prevention and early intervention for mental health

Thank you for taking the time to fill in this questionnaire. The information you provide will be used to improve future versions of documents supporting promotion, prevention and early intervention for mental health. Please answer the following questions either individually, or as a summary of your group discussion.

1. What is your background in relation to your interest in mental health (eg, consumer, carer, psychologist, policy maker, etc)?

   _____

2. Have you had a chance to read the *Action Plan* and *Monograph*? _____

   What was your overall impression of the documents? _____

   _____

   _____

   _____

3. What parts of the documents are you using the most or likely to use the most?

   _____

   _____

   _____

4. Have you begun to implement the *Action Plan* in any way? ❒ yes ❒ no

   How are you using or planning to use the documents? (tick as many as required)

   ❒ personal information
   ❒ research
   ❒ training
   ❒ to develop local plan
   ❒ policy development
   ❒ program / service development

   ❒ other (please specify)

   _____

5. Is the 2-page layout for the *Action Plan* successful? ❒ yes ❒ no

   Please comment: _____

   _____

   _____

   _____

6. Which sub-sections within the 2-page are you finding most useful and how are you using them?

   _____

   _____

   _____

7. If you have any other comments, please include them here.

_____

_____

_____

Thank you again for your time and comments. Your input into the ongoing Promotion, Prevention and Early Intervention for Mental Health process is important and much valued.

Appendix 2

Feedback proforma

Action Plan

National Action Plan for Promotion, Prevention and Early Intervention for Mental Health

Feedback sheet

Please complete the following information and detach the sheet, fold as indicated and mail to the address which is printed on the back of this form. You may also provide your feedback directly to the website at http:/auseinet.flinders.edu.au

Name *(optional)*

Organisation title

Contact Details *(optional)*

Address

Phone

Fax

Email

Type of Organisation

- Educational facility ☐
- General health service provider/organisation ☐
- Mental health service provider/organisation ☐
- other please specify ☐

How do you plan to use/have you used the National Action Plan for Promotion, Prevention and Early Intervention for Mental Health?

- Personal use ☐
- Research/Study ☐
- Training ☐
- Policy/Program development ☐
- Project development ☐
- other please specify ☐

How can the National Action Plan for Promotion, Prevention and Early Intervention for Mental Health be improved for future editions (consider layout, structure, further evidence etc)?

Thank you

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